

Holbeach Medical Centre

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Holbeach Medical Centre on 16 January 2019. This was as part of our inspection program.

Our judgement of the quality of care at this service is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information from the provider, patients, the public and other organisations.

This practice is rated as inadequate overall. (At our previous inspection on 12 August 2015 we rated the practice as good)

We rated the practice as **inadequate** for providing safe services because:

- Recruitment procedures did not adequately protect patients from avoidable harm and abuse.
- The prescribing of medicines to some patients did not keep them safe.
- The system for dealing with patient safety and medicines alerts was not effective.
- The practice had not taken appropriate action to address issues relating to health and safety, infection prevention control and fire safety audits.

We rated the practice as **requires improvement** for providing effective services because:

- Not all staff had not completed the practices mandatory training.
- Childhood immunisations rates were low for two-year olds.
- Cervical cancer screening was lower than both CCG and national averages.

This area affected all population groups so we rated all population groups as **requires improvement**.

We rated the practice as **requires improvement** for providing caring services.

- The numbers of carers that had been identified was low.
- Patient's whose first language was not English were not provided with information in a format they could readily understand.
- There was no consistent process for supporting bereaved patients.
- There was limited opportunity for patients to discuss issues in a confidential manner.

We rated the practice as **inadequate** for providing a responsive service because:

- Feedback from patients relating to access to services was significantly lower when compared with local and national averages.
- Complaints information was not readily available to patients.
- The surgery was not open throughout the whole of the contracted core hours and there was no information available to patients as to what they should do when closed.
- Information to patients whose first language was not English was not provided in a format that assured they could understand.
- Feedback from patients through the national GP survey were generally lower than average. There was limited evidence of what the practice had done to address the concerns.

This area affected all population groups so we rated all population groups as **inadequate**.

We rated the practice as **inadequate** for providing well-led services because:

- There were not always clear responsibilities, roles and systems of accountability to support good governance and management.
- The practice did not always have clear and effective processes for managing risks.
- There was a back-log of new patient notes that had not been summarised, and no plans were in place to address the issue.
- Practice management was being left in the hands of an inexperienced member of staff with little support.
- The practice had been without a Registered Manager since 30 September 2018. No notification had been submitted to CQC. The application for a new Registered Manager was not submitted until 14 January.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition, the practice should also:

Overall summary

- Review their process for re-call of patients with long term conditions.
- Review and consider how they can increase the immunisation rates for children.
- Review and consider how they can increase the uptake of cervical cancer screening.
- Review their process for obtaining patient feedback.
- Review their process to ensure patients received information in a form they could understand.
- Review their process of identifying carers.
- Review their process to provide consistency when dealing with bereaved patients.
- Review staffing to provide support, guidance and assistance to the practice manager.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any

population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Older people	Inadequate 
People with long-term conditions	Inadequate 
Families, children and young people	Inadequate 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Inadequate 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager adviser.

Background to Holbeach Medical Centre

Holbeach Medical Centre provides primary medical services to 8,179 patients under a General Medical Services contract with Lincolnshire East Clinical Commissioning Group.

The practice is partnership between Drs Rayner and Mani who are registered to provide the regulated activities of:

Diagnostic and screening services,

Family planning,

Maternity and midwifery services,

Surgical procedures,

Treatment of disease, disorder or injury,

from a single location at Holbeach Medical Centre, Park Road, Holbeach PE12 7EE.

It is a dispensing practice and can dispense to approximately 2,487 eligible patients who live more than 1.6 km from a pharmacy.

The patient demographics reflect those nationally and locally. Life expectancy is higher than both national and local averages for both males and females.

The practice lies in the sixth decile of deprivation, where one is the highest levels of deprivation and ten the lowest.

98.2% of the patient list are described as white.

Two partners and two salaried GPs provide 37.5 sessions per week. There are four non-prescribing practice nurses and two healthcare support workers. They are supported by a team of dispensers, receptionists and administration staff.

There has been a large turnover in staff in the last 18-24 months, resulting in 18 of the 22 staff having been employed over that period. New staff have been across all staffing groups including GPs and practice manager.

The practice is open from 8am to 6pm Monday to Friday and closed from 12 noon to 1 pm daily. There are no appointments offered outside of these hours at the surgery, although extended hours appointments are available at a surgery in Boston.

Out-of-hours GP services are provided by Lincolnshire Community Health Services NHS Trust who can be contacted via NHS111.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• There was no effective system or process for the management of repeat prescriptions with appropriate monitoring and clinical review prior to prescribing.• Medicines were being prescribed when the date for a review of those medicines had passed. The repeat prescribing of medicines lacked clinical oversight.• An action plan had been developed following fire risk assessment that had taken place. 23 actions had been raised which had been risk rated. One was rated as high, 12 as medium, nine as low and one as advisory. The high-risk action had been completed. Four of the medium risks had been completed and six low risks had been completed. There was no indication of when the remaining 12 risks would be addressed or any plan to do so.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• A Health and Safety audit had been completed and an action plan drawn up to address the issues. Identified actions had yet to be resolved. There was no system in place to indicate when the issues would be addressed and resolved.• There was no record of a fixed wiring check and there were no records of testing of the emergency lighting despite these being highlighted in a fire risk assessment undertaken.• An infection prevention and control audit had been completed in April 2018 and actions identified. Some

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Enforcement actions

had a completion time of three months. The audit was re-visited in September 2018 and many of these issues were still to be actioned. There was no plan of when they would be completed.

- There was no system to ensure that staff recruitment was effective. We saw that of the three staff files we looked at two had no references and a third had only one reference. There was no record of staff immunisations.
- There was no effective system to ensure that staff completed training appropriate to their role as we found the following:
- The practice manager informed us that there were in excess of 200 sets of paper patient notes waiting to be summarised. There was no plans to address this issue and summarise all these notes.
- There was no effective system to ensure patients were informed of how to make a complaint. There was no complaints information displayed in public areas for the benefit of patients.
- The system intended to deal with and act upon medicines safety alerts was ineffective.